

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 584046

FILING DATE

4-22-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5		5				
6		5				
7		5				
8		5				
9		5				
10	1					
11						
12						
13						
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18						
19						
20						
21						
22		3				
23		12				
24		12				
25		12				
26		12				
27		12				
28		12				
29	1					
30						
31						
32						
33						
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35						
36						
37						
38						
39	1					
40						
41						
42						
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48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53		3				
54		3				
55		3				
56		3				
57		3				
58		3				
59		3				
60						
61						
62	1					
63						
64						
65						
66		3				
67	1					
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72		3				
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						